

**A Preliminary Review of Alcohol and Other Drug Issues
in the States' Children and Family Service Reviews
and Program Improvement Plans**

DRAFT

**Prepared for the Center for Substance Abuse Treatment, SAMHSA and
Office on Child Abuse and Neglect, Children's Bureau, ACYF**

By

Nancy K. Young, Ph.D.
Sidney L. Gardner, M.P.A.

National Center on Substance Abuse and Child Welfare
4940 Irvine Boulevard, Suite 202
Irvine, CA 92620
714.505.3525 Fax 714.505.3626
www.cffutures.com

January 2003

A total of 24 state reports from the Children and Family Service Reviews (CFSR) and 7 Program Improvement Plans (PIPs) have been submitted and were reviewed to compile this summary. The following summary and analysis is based on the attached 20-page review of these documents, which highlights the substance abuse issues included in the States' reports.

Summary of Issues Highlighted in the State Reviews

Gaps in Services

- In general, substance abuse services were identified as an important gap in services. There were many occurrences of the comment that adequate treatment services were not available. Substance abuse was frequently seen as an underlying problem that was often not addressed in sufficient depth by the services provided to families in the child welfare system. In some reviews, the lack of substance abuse services was contrasted with the services most often made available, such as parenting classes and family counseling.
- Several reviews noted the lack of services for adolescents in CW families
- Rural substance abuse needs were seen as a special concern in some states.
- Substance abuse was found to be the primary or an "included reason" for case opening in a range from 8-48% of the cases reviewed.
- Repeat cases were described as involving substance abusing families.

Assessment and Follow-up Issues

- References were made to needed substance abuse training in several reviews.
- Several references were made to the quality of assessments by CW staff that do not address substance abuse as an underlying issue. A few reviews referred to problems with risk assessment tools that do not go deep enough in description of the substance abuse problems of the family.
- There was a concern in a few reviews about a lack of follow through when assessments are done and referrals to treatment are made.

Strengths related to Addressing Substance Abuse Issues

- Recent collaborative work with substance abuse agencies was seen as a strength in some reviews.
- Drug courts were seen as a strength in some states and as a tool that ensures treatment services and closer monitoring of clients.

Other Issues

- References were made in a few reviews to barriers to treatment above the levels authorized by gatekeeper contractors or HMOs
- Differences of opinion were noted in a few reviews between CWS, AOD, and courts on reunification timing in substance abuse cases; judges see termination issues differently in substance abuse cases; differences were noted in perspectives on the time needed for treatment success and reunification vs ASFA guidelines.
- In a few reviews, there was some recognition that kin placements and biological parents may share substance abuse problems.

Summary of Seven PIPs

- Training was emphasized.
- Specialized teams were seen as needing to include substance abuse workers.
- A general commitment was stated to improvement of information flow.
- A need to address premature closure of cases that involve substance abuse and develop clearer decision rules was discussed in one state.
- An in-depth needs assessment survey was described as needed to determine the extent of missing substance abuse services

Implications and Interpretation

- Repeatedly, the comment was made that treatment resources are not there, but there was little discussion of the reasons for gaps (e.g. separation of substance abuse assessment and substance abuse treatment authorization in several states), the full range of available funding streams that currently fund substance abuse (e.g. more than 15 different funding streams for substance abuse treatment and prevention in some states—Tennessee mentioned inter-agency resources availability), and the lack of priority given to CW families in allocating treatment resources.
- The lack of follow-through was not framed in terms of documenting the known drop-off points in the system where clients leave the system.
- There were frequent references to the need for training, without an apparent recognition that training by itself has no impact on resources or priorities for substance abuse clients.
- The frequent references to the quantity of treatment services lacked any emphasis upon the quality and effectiveness of existing services, the need for use of best practices in treatment monitoring, or gender issues in treatment. There was no discussion of needed indicators for reunifying or case closing.
- It was noteworthy that there were no references to confidentiality problems in connection with substance abuse.
- There was no discussion of developmental needs of younger children in connection with their prenatal or post-natal substance exposure.

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
Alabama	<ul style="list-style-type: none"> ▪ Inter-agency coordination of services and benefits includes substance abuse programs. ▪ As noted in the Statewide Assessment, one of the frequently used compelling reasons not to terminate parental rights is based on the time required for rehabilitation in cases involving parental substance abuse or addiction. ▪ DHR offers advanced training through ACT II and current course topics are: Practical Child Protection, the ISP Process for the Family who Experiences Substance Abuse ▪ The agency also is working on developing training in the area of permanency and concurrent planning and a full- time staff person has been hired to provide substance abuse training. ▪ In regard to service availability, more aggressive treatment programs for substance abuse, especially in rural counties, and substance abuse "homes" are needed. 	
Arizona	<ul style="list-style-type: none"> ▪ Substance abuse treatment programs and several other services are listed as some of the services that are provided to families. ▪ Substance abuse services are mentioned as a strength in providing mental health services to children ▪ Services such as the Substance Abuse Treatment Program, Family Group Decision Making and Promoting Safe and Stable Families Initiative are services that have been expanded due to the evidence of the successfulness of the services. ▪ Focus group and survey responses indicate the collaboration with other agencies to expand substance abuse treatment for parents and guardians as strength for Arizona. ▪ Substance abuse services were identified by numerous stakeholders as a Statewide service need. ▪ Mentioned as weaknesses in the provision of individualized services included substance abuse services for children and attachment and bonding therapy, were lacking. 	
Arkansas	No mention	
California	<ul style="list-style-type: none"> ▪ Among all reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 30 (61%) cases, substance abuse by parents was cited in 19 (39%) cases ▪ Primary reasons for opening a child welfare agency case were the following: Substance abuse by parent - 8 cases (16%) ▪ In addition to home-based services, parent education and support, home visiting, childcare, family group conferencing, substance abuse treatment and wraparound services are provided to families to help prevent the need for out-of-home placement. ▪ Los Angeles County's Statewide Assessment revealed that 70% of its funding is allocated for prevention case management through in-home outreach, with 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>substance abuse treatment indicated as one intervention.</p> <ul style="list-style-type: none"> ▪ Based on a survey of 45 child welfare agencies and 37 juvenile probation departments, nearly every respondent reported countywide substance abuse testing for minors and parents, with no waiting lists, yet waiting lists were reported in some areas for substance abuse treatment. ▪ Stakeholders identified that substance abuse treatment facilities where parents can bring their young children was a service gap. ▪ The case record review found that for the item <i>services to family to protect children in home and prevent removal</i>, 80% of the cases provided services to prevent an initial removal, including alcohol and drug testing and treatment. 	
Connecticut	<ul style="list-style-type: none"> ▪ Among all reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 35 (70%) cases, substance abuse by parents was cited in 24 (48%) cases ▪ Primary reasons for opening a child welfare agency case were the following: Substance abuse by parent - 6 cases (12%) 	
Delaware	<ul style="list-style-type: none"> ▪ Stakeholders reported gaps in services in several areas including substance abuse treatment ▪ Sussex County stakeholders and cases reviewed indicated there was a lack of inpatient substance abuse services, mental health services for children and adults, independent living services, adoption support services, and services for adolescents with behavioral health needs. 	<p>Will work to improve the sharing of information both to and from providers</p> <p>Substance Abuse (SA) mentioned as a service that is not directly provided by DFS but works collaboratively with other agencies but has limited control over those services</p> <p>Has MOA with DHSS focusing on evaluation and provision of SA services, will continue efforts to increase accessibility, improving the standard intake process and improving the collaboration between SA treatment agencies and DFS</p>
District of Columbia	<ul style="list-style-type: none"> ▪ The agency offers an array of services designed to prevent out of home placement, reunify families, and finalize adoptions including substance abuse programs ▪ The review found that there was a general lack of specific services to meet targeted needs of some of the Agency's clients, especially in terms of substance abuse treatment, mental health services, and housing. ▪ Social workers complete a comprehensive family assessment that addresses many issues including substance abuse history ▪ Individuals often wait up to 24 hours in the waiting room for substance abuse treatment services. ▪ The District was found to have inadequate inpatient substance abuse treatment facilities for mothers and their children. ▪ With a \$37.5 million dollar budget increase, the Agency developed new services to meet emerging needs including substance abuse treatment 	<p>CFSA houses a team of specialists with expertise in substance abuse, housing, education and DV</p> <p>In coming years, CFSA hopes to expand the array of services available to families to include such services as quality infant daycare, nighttime daycare, and comprehensive substance abuse treatment</p> <p>In its reorganization CFSA has centralized the clinical service specialists within the Office of Clinical Practice. Clinical service specialists focus on assisting social workers access and provide services to children and families in the areas of DV, housing substance abuse and education. The</p>

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<ul style="list-style-type: none"> Starting in February 2000 training has been offered to foster care/kinship parents, i.e. in-service workshops on substance abuse, first aid, CPR, and parenting skills. The review found that there was a general lack of mental health services for children who were not in foster care. In addition, the case record reviews and stakeholder interviews identified the need for additional substance abuse treatment services, residential treatment, and placement options for children who need therapeutic care. The case record review found a general lack of family, safety, and/or risk assessments. When the structured decision making instrument was used by Agency workers it was not always completed in a way that showed thoughtful and careful consideration of the risk of harm to the child and the family's needs. In some cases workers missed important issues that were the cause of many of the problems such as substance abuse or mental illness. In some of the cases reviewed, services were provided to address the initially identified problem, but not the potential underlying causes of the problems such as domestic violence, homelessness, substance abuse, continued educational neglect or sexual abuse. In these cases, families were not provided the opportunity to receive services to address these issues. In most of the cases with a history of repeat maltreatment, the allegations involved the same perpetrators and/or general complaint, over the life of the cases. This was most common in families that had a history of substance abuse, chronic neglect, and/or medical and educational neglect. One case had 24 reports of abuse and neglect, many of which were substantiated, with the same major concerns of chronic neglect, substance abuse, mental illness, and educational neglect by the parents. 	<p>specialists also counsel social workers on proper identification of the underlying issues contributing to abuse and neglect</p> <p>In improving practice in risks of harm to children, CFSA will clinically train social workers in topic areas such as substance abuse, mental health, DV and other underlying causes of abuse/neglect</p> <p>The CFSA substance abuse specialists has developed a resource listing of substance abuse resources and is capable of counseling social workers on individual cases.</p> <p>The Healthy Families/Thriving Communities Collaboratives will also assist CFSA in accessing services responsive to the housing, substance abuse, mental health, tutoring, mentoring, social and recreational enrichment needs of children and families</p>
Florida	<ul style="list-style-type: none"> Substance abuse treatment is difficult to access especially residential treatment. (Source: stakeholders) Drug Court makes substance abuse services available in the larger site. (Source: stakeholders) – (discussed in terms of strength in state assessment) Phase two training for social workers consists of up to nine months of classroom and field training, mentoring, and close supervision. The courses include Concurrent Case Planning, Domestic Violence, Neglect, Physical Abuse, Sexual Abuse, and Substance Abuse. Needs and services of child, parents and foster parents, as they relate to safety, permanency, and well being were assessed and identified in 36 of 50 records reviewed. Examples of needs and services identified are: parenting skills, day care services, substance abuse program, and tutorial services. (Source: case reviews) There were examples of the agency-seeking relatives as potential permanency options when the bio-parents were found to have serious substance abuse problems. (Source: case reviews) Interviews with most of the stakeholders revealed that family assessments being 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>conducted by the child welfare agency workers are not sufficiently thorough in detecting problems, such as domestic violence and substance abuse at an early stage. The importance of this issue is reflected in the finding that in 36% of the applicable cases, there was evidence of parental substance abuse that appears to be a contributing factor to the maltreatment. (Source: case reviews and stakeholders interview)</p>	
Georgia	<ul style="list-style-type: none"> ▪ Georgia DFCS manages the Multi-Agency Team for Children (MATCH) program that arranges care for Georgia's most severely emotionally disturbed children. It is multi-agency serving children and partnering with the Department of Education, DMHMRSA (Department of Mental Health/Mental Retardation/Substance Abuse, DFCS and DJJ. Georgia participates in the Georgia Mental Health Planning and Advisory Council. ▪ Stakeholders explained that in 148 counties, DFCS works closely with Family Connections, a network of service providers established to resolve substance abuse and family issues, such as domestic violence. ▪ In the larger site, there are more standardized services, rather than individualized. For instance, there were situations where anger management services were provided, but not the needed substance abuse services. ▪ There is a need to focus more on what families and children need and not just focus on what services are available, not just parenting classes, anger management, etc. There is concern that case managers and even supervisors do not always know what services are available. ▪ Stakeholders commented that the needed continuum of individualized, community-based services is not accessible or available to families and children in all jurisdictions. In all three sites, there are issues around the provision, accessibility and availability of appropriate services for needs related to mental health, substance abuse and domestic violence. ▪ The following list is critical service needs identified by stakeholders: Expand the service array to insure all families with serious multiple issues such as mental illness, family violence, and substance abuse have immediate access to needed services ▪ Time-limited reunification services have been particularly effective in safely reunifying families separated due to parental substance abuse. In FY 1999, services to substance abusing mothers and their children increased through the expansion of treatment and post treatment support services funded through PSSF programs ▪ Within 18 months of employment, workers are required to take: Developing and Writing Case Plans, Interviewing for Change, Focusing on Substance Abuse in Families and Toward Cultural Responsiveness. Quarterly Basic Investigative Training and Education is provided. Courses for the supervisor are: Strategic Planning, Substance Abuse Intervention, Stress Management, and Evaluating Case 	<p>Regarding maintaining children safely in their home 1. calls for addressing the CFSR findings regarding premature closure of cases</p> <ul style="list-style-type: none"> ▪ Review policy regarding assessment ▪ Review & develop policy regarding case closure ▪ Involve SA & DV experts in cross planning between DFCS programs, policy and service needs ▪ Evaluate revised CPS assessment processes regarding DV, MH & AOD <p>2. Implement community partnerships regarding services for AOD</p> <p>Regarding enhancing families' capacity to provide for children's needs calls for appropriate services in MH, SA and DV</p> <ul style="list-style-type: none"> ▪ Calls for proving technical assistance to staff and private providers on comprehensive assessments & how to use the info to meet the needs of child and family ▪ Develop policy regarding case closure to prevent premature closure especially in substance abuse and DV situations <p>Regarding Service array</p> <ul style="list-style-type: none"> ▪ Conduct a needs assessment survey of existing support services and distribution to determine gaps in service array to include SA, MH, DV and other services ▪

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>Plans for Successful Outcomes and Evaluating Assessments for Successful Outcomes.</p> <ul style="list-style-type: none"> Also in the larger site, there is concern about the lack of follow through when assessments are done and the duration of services, especially in substance abuse cases. In all three sites, there are issues around provision of appropriate services for needs related to mental health, substance abuse and domestic violence. The State meets the standard in the area of foster care re-entries and attributes their success to the reunification services (family-centered reunification services) provided to families statewide since 1990. These services include in-home support services, parent aide services, counseling, substance abuse treatment services and assistance with family concrete needs, such as, but not limited to rent and household goods to prevent re-entries into foster care. Record reviews surfaced premature case closures particularly involving substance abuse and domestic violence. In these cases, assessment of risk beyond the immediate problem identified at the time of report was not conducted. 	
Indiana	<ul style="list-style-type: none"> In one locality, there were shortages of foster family homes, housing, substance abuse services, residential group home services, services for the hearing impaired, pregnancy and services provided for Spanish speaking parents. (Source: stakeholder perceptions) Shortages occurred statewide in foster homes for special needs children and for substance abuse and sexual perpetrator services. (Source: stakeholder perceptions) Through the title IV-E waiver, flexible funding, parenting classes, anger management and substance abuse treatment were available. (Source: stakeholder perceptions) There is a wide variety of high-quality ongoing training available for supervisors and FCM. This includes training on substance abuse issues. (Source: stakeholder perceptions) Neither service referral agreements nor subsequent case plans followed up on the behavioral, emotional and substance abuse needs that were identified in the assessment. (Source: case reviews) Needs were identified through many different types of assessments including safety, risk, needs, parenting, substance abuse and domestic violence, some of which are entered into ICWIS. (Source: case reviews) There is a wide array of individualized services available in almost all jurisdictions. These services include parenting classes, WIC, juvenile sex offender treatment, family therapy, health care, family education, budgeting and substance abuse treatment. (Source: case reviews & stakeholder perceptions) Shortages occurred statewide in foster homes for special needs children and for substance abuse and sexual perpetrator services. 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<ul style="list-style-type: none"> Underlying issues such as substance abuse, domestic violence and multi-generational issues are sometimes overlooked in the assessment and service delivery processes, resulting in a failure to provide adequate services to keep children safe, prevent subsequent maltreatment and prevent removal. (Source: stakeholder perceptions) 	
Kansas	<ul style="list-style-type: none"> Stakeholders did identify that there is a lack of intensive long-range services for children who were identified as Seriously Emotionally Disturbed (SED) and had substance abuse and/or mental health issues. In some instances there were waiting lists for some mental health and substance abuse services due to limited availability. <p>Areas Needing Improvement regarding: <i>Delivery of mental health, substance abuse, and family focused services:</i></p> <ul style="list-style-type: none"> Stakeholders and case reviews indicated that once services were identified, the services were slow in being initiated. Stakeholders identified a lack of intensive long-range services for children who were identified as SED and had substance abuse and/or mental health issues. This was confirmed through case reviews. Stakeholders state that there were waiting lists for some mental health and substance abuse services due to limited availability in two of the sites. Stakeholders stated that the Family Preservation contractor decides who will receive the mental health services and the level of services for families involved through the contract. Occasionally this is restricted when the individual needs more services than authorized by the contractor. Some stakeholders stated that services to parents were not always being provided as identified. The focus tends to be on treatment for the child while excluding the parents' issues. Family focused services were sometimes lacking. <p><i>Mental health and substance abuse resources, specialized placement resources, and service provision</i></p> <ul style="list-style-type: none"> Stakeholder interviews revealed that children are often removed from the home due to drug and alcohol abuse and lack of resources to treat the addictions while the children remain with the family. Parents are less likely to receive the needed treatment if they do not have private insurance that covers the treatment. Stakeholders stated that there is a lack of knowledge about drug and alcohol abuse. The system does not support identification of substance abuse issues as part of the reason that families come to the attention of SRS. A need was also identified for a greater integration between child welfare and the substance abuse treatment system. 	
Massachusetts	<ul style="list-style-type: none"> There were two cases reviewed in which maltreatment recurred during the period under review. In one of these cases, there was early (perhaps, premature) 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>reunification with a family in which substance abuse was the key issue</p> <ul style="list-style-type: none"> ▪ Stakeholders cited the training and consultation available for cases involving domestic violence and substance abuse as promoting increased safety for children who remain in their homes. ▪ According to some stakeholders, there are still differences of opinion among the Department, the providers, and the Courts concerning how much time to allow parents to successfully complete their rehabilitation before making the decision to file a TPR petition. This is a particularly difficult question when substance abuse is the primary issue in the case. ▪ Adequate service assessments were completed, but the services provided were not appropriate for the assessed needs, e.g. cases in which domestic violence or substance abuse needs were assessed, but services for these problems were not provided ▪ According to State policies and procedures, when mental health service needs are identified for a child, the DSS social worker arranges for the required service by contacting a provider approved by MassHealth's mental health vendor, the Massachusetts Behavioral Health Partnership (MBHP). The Partnership provides in-patient mental health and substance abuse services, diversionary services, emergency services and outpatient day programs. ▪ The following training needs were identified: making better assessments and engaging families in case planning; family-centered and culturally sensitive services to diverse families; addressing mental health and substance abuse issues; and effectively working with and providing services to adolescents with behavioral issues. ▪ Multidisciplinary Assessment Teams (MDATs) have been established in each Area Office to provide a comprehensive clinical assessment of a family's needs leading to the appropriate level and type of service provision. Family involvement in the MDAT meetings is encouraged. Services funded by the MDATs include mental health/trauma, domestic violence, and substance abuse evaluations; counseling; parent education and support; and summer camp memberships. ▪ Two new programs have been developed jointly with the Department of Mental Health for children with assaultive behavior. Mental health and substance abuse professionals provide evaluation, diagnostic and treatment services for children and their parents. Safe Recovery, the first of three programs funded by DSS, prioritizes admittance into their six to twelve month residential treatment program to mothers who have lost custody of their children or who are at risk of losing their children. At the end of FY 2000, Safe Recovery completed its third year of operation with encouraging results: while only 35% of women entered the program with custody of their children, 60% of children were reunified (a total of 17 children) with their mothers after participation. 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<ul style="list-style-type: none"> ▪ In Pittsfield, stakeholders noted effective coordination between the Department staff and law enforcement. They also spoke about attempts to strengthen the quality of substance abuse evaluations and to work collaboratively with programs such as AA. ▪ Reviewers identified needs that were not met, and in particular, noted the lack of available/accessible mental health services and alcohol/drug in-patient treatment services. In addition, stakeholders identified a shortage of placement resources across the continuum of care. Especially noted was the need for specialized foster homes for children with attachment issues; placement options for adolescents, including placement resources for run-aways, particularly girls; residential care (substance abuse and behavioral treatment programs, in particular); and independent living arrangements. ▪ Stakeholders provided a comprehensive list of services needed to support and to assist the rehabilitation of families involved with the Department. These include: affordable housing; services for fathers; more culturally responsive service and bilingual treatment providers, including Creole and Spanish translation; services and placement resources to meet the needs of Tribal children; substance abuse evaluations, drug testing and in-patient treatment for adolescents; outpatient mental health services and mental health services for targeted populations ▪ Reviewers at all three sites noted access issues with a number of services. While the extent of the problem appears to be worse in some areas than others, primary among these needs were accessing mental health services, special education services, and substance abuse assessment and treatment services - especially for adolescents. ▪ The Department is also engaged in collaborative efforts including coordination of Substance Abuse Programming with the Department of Public Health 	
Minnesota	No mention of substance abuse, alcohol, drug	No Mention
New Mexico	<ul style="list-style-type: none"> ▪ While the State has an array of services in place reviewers rated these as insufficient to meet the level of identified needs. Virtually every stakeholder, both internal and external to the State agency, reported erosion of the service array in recent years. Stakeholders attributed this phenomenon to the transition to managed care. Many of the identified needs, such as dental care, mental health services, domestic violence services, and substance abuse treatment require coordination with stakeholders and others outside the protective services division of NM CYFD. New Mexico is a State with a large rural population and isolation can be a barrier to the provision of certain services in some locations. ▪ Concern was also noted as to whether family preservation was an appropriate service for families with severe substance abuse issues who may need much more time and in-depth services. ▪ Stakeholders agreed that NM needs more resources, especially in the area of 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>substance abuse.</p> <ul style="list-style-type: none"> ▪ Some stakeholders indicated concerns regarding children returned home who re-enter foster care later due to their parent's substance abuse. Concern about substance abuse issues were noted as a common problem across the State, with some services being seen as a "band aid" approach to an immense problem. ▪ Another concern was noted about the timeframe needed for approving the termination of parental rights (TPRs) in substance abuse related cases. In some of the cases reviewed, the agency recommended TPR but the court felt more time was needed prior to approving TPR. ▪ In regard to the relationship of child in care with parents it was an area needing improvement based on statewide assessment which found that the prevalence of substance abuse by parents may be another factor influencing the relationships of children in care with their parents. ▪ Many on-going needs of families are not being adequately addressed, such as: recurrence of substance abuse issues was not followed up on and was described as a major problem across the State, according to reviewers and stakeholders. ▪ Meeting the mental health needs of the child was an area needing improvement based on the statewide assessment that notes that the social worker arranges for services paid for under Medicaid, Title XX or mental health contractors including 1) Individual, group, or family counseling, 2) day treatment services, 3) behavior specialist 4) substance abuse treatment, and 5) mentoring. ▪ Substance abuse treatment and domestic violence resources and services are lacking across the State. ▪ Stakeholders report the greatest gaps in services include: Substance abuse treatment services for families. 	
New York	<ul style="list-style-type: none"> ▪ In regard to services to the family to protect child(ren) in home and prevent removal there were strengths including evidence in the case review that preventive services for parents with substance abuse problems and domestic violence were provided. ▪ There were preventive services including counseling, mental health services for a mother diagnosed with depression, substance abuse treatment, parenting skills, and housing assistance. ▪ There are coordinated services through a Workgroup on Substance Abuse Services for Vulnerable Families ▪ Other New York State initiatives supporting pre-placement preventive services are the Domestic Violence/Child Abuse Prevention initiative, Preventive Services funded with Temporary Assistance for Needy Families (TANF) dollars, Family Resolutions Projects, and a collaboration of services between OCFS and the New York State Office of Alcohol and Substance Abuse Services (OASAS). ▪ Sometimes cases lacked a family-centered approach in assessing the children's 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>health, safety and well being. In one case, the major needs of the child and his mother were not assessed and identified. The mother's past issues with substance abuse and domestic violence had not been reevaluated to determine if those problems currently existed.</p> <ul style="list-style-type: none"> Stakeholders expressed that some assessments of children placed in foster care through voluntary agreements identify the child's behavior as the major concern, when in fact, there are often underlying issues such as domestic violence, chronic neglect, and/or parental substance abuse. In the New York City Family Treatment Courts initiative, family service plans have become a focal point for biweekly hearings to monitor the participation of caretakers who are substance abusers, and for the provision of services to caretakers with substance abuser issues and their families. A training curricula addressing domestic violence and its connection to child welfare, as well as medical, substance abuse and mental health issues includes the issues to a much greater extent than in the past. In regard to the service array there is a need for more substance abuse, mental and sexual abuse services and therapeutic homes 	
North Carolina	<ul style="list-style-type: none"> In regard to the provision of an array of services, the state has created a Family Reunification Pilot Project: the Restoring Families Program. This program was designed to reduce the number of children in DSS custody due to severe caretaker substance abuse. The Division has collaborated with the Division of Mental Health and Substance Abuse Services to implement a process "New Beginnings" to meet the behavioral health needs of children in care and to prevent children from coming into care solely to have their behavioral health needs met. Some of the other noteworthy services highly regarded as important resources included an Intensive Outpatient program for substance abuse and inpatient services for substance abuse. The DSS also has a collaborative with the Division of Mental Health and Substance Abuse called New Beginnings, which focuses on the behavioral health needs of children. The Division has collaborated with the Division of Mental Health and Substance Abuse Services to implement a process to meet behavioral health needs of children. While a number of cases were timely assessed for risk and provided needed services, three cases were not assessed for risk or overlooked risk associated with substance abuse or domestic violence. Children in DSS custody receive behavioral screenings as part of EPSDT/Health Check. Once the screening is completed, the child will then be referred to the area program for further assessment if the screening indicates a need for mental 	<p>Related to redesign risk/safety/family assessment, the state plans to develop assessment structure that addresses critical family issues such as child well being measures, educational needs, domestic violence, substance abuse, and other safety and risk factors – Date: March 2002</p>

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>health/substance abuse services.</p> <ul style="list-style-type: none"> There are issues due to social workers not being able to access some services due to payment issues. Stakeholders expressed a concern about the managed care system that in their opinion has presented problems in getting certain services funded for certain family members. An example of this issue is substance abuse services changed from being DSS funded to Mental Health funded, and now some services are not covered. Local workers need more focused training in the areas of domestic violence, substance abuse, sexual abuse, children's behavioral issues and Hispanic cultural issues. Stakeholders expressed concerns in some areas about the lack or effectiveness of mental health, substance abuse and domestic violence services. A particular concern is that in-home families do not have ready access to mental health care for children and youth or for the parents. Stakeholders expressed a need for more services addressing substance abuse and residential care particularly for females In some areas, substance abuse services are seen as not being provided in the communities where they are needed the most. While there is strong collaboration at the State level between the Division of Social Services and other State offices, such as mental health, substance abuse, health, etc. and Tribes, that coordination is not as effective locally, largely due to the autonomy/independence of county departments. 	
North Dakota	<ul style="list-style-type: none"> A barrier noted by stakeholders is that some judges do not want to grant TPRs in cases in which parents have substance abuse problems, mental illness, or developmental disabilities or in which parents are incarcerated Services provided to children and families by the Regional Human Service Centers are available to individuals in their geographical region and include drug and alcohol evaluations, outpatient drug and alcohol treatment. Children, birth parents and foster parents receive a range of these services depending on their needs. Despite the generally positive view of the array of services, several stakeholders noted service gaps in Drug/alcohol treatment for youth. 	
Oklahoma	<ul style="list-style-type: none"> Of the 50 case records reviewed, the primary reason for the opening of a child welfare agency case included Substance abuse by parent - 10 cases (20%) Among all reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 36 (72%) cases, substance abuse by parents was cited in 24 (48%) cases, physical abuse was cited in 19 (38%) cases, and medical neglect was cited in 13 cases. The most common referrals were for parenting classes, anger management classes, and counseling. Other services made available to parents to prevent removal and maintain children safely at home included day care and after school care, substance 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>abuse treatment services, employment services, housing services, services to improve the home environment, and financial and educational services for parents.</p> <ul style="list-style-type: none"> ▪ Family Group Conferencing also is being used in a pilot program (Safe Havens) for families in which parents have substance abuse problems. ▪ In SFY 2001, three new training workshops were added, and a Substance Abuse Level II workshop was made mandatory for all staff. ▪ Services that were perceived as insufficient in the State were residential substance abuse treatment services for mothers and their children and for adolescents, ▪ Stakeholders identified a few services that they perceived as particularly noteworthy. These included a mental health service center in one county, a substance abuse treatment pilot program for women and children in another county 	
Oregon	<ul style="list-style-type: none"> ▪ SCF has been engaged in a variety of efforts to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families. SCF has participated in the DHS Service Integration Initiative for the past several years and has partnered with Mental Health, Adult and Family Services, Medicaid, Oregon Youth Authority, Drug and Alcohol Programs, Health Division and with other state and local agencies. ▪ In the safety arena, some cases had shortcomings related to matching assessed or evident risk with appropriate services particularly when substance abuse and domestic violence were occurring within the same family. These cases tended to not have subsequent reassessment of risk or a determination of parental change resulting from treatment intervention. These cases co-exist in the same office or unit with cases demonstrating excellent practice and suggest that newer staff or staff turnover may be impacting quality of assessment and case management. ▪ In some cases there was an incomplete assessment of parents' needs and a failure to have families adequately address issues of risk. Some of these cases had service plans in which families were to engage only in superficial services of their choice, avoiding more serious issues such as substance abuse and sexual abuse. ▪ Throughout the Safety Assessment, there are references to a possible need for more treatment resources for children with extensive needs and for parents. The SA mentions the need for more drug and alcohol treatment, improved or additional prevention services, more placement resources, and indicates domestic violence support and batterers treatment are critically needed in some areas. ▪ Stakeholders noted needs for enhanced drug and alcohol services, less waiting lists, and more residential programs where parents can receive treatment while their children are with them. ▪ Improved or additional prevention services, placement resources, visitation services, alcohol and drug treatment, domestic violence support and batter's treatment are needed in some areas. 	No mention

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<ul style="list-style-type: none"> ▪ In some cases in each of the branches, services arranged did not address pertinent risk factors. At times both drug/alcohol abuse and domestic violence concerns were not addressed through specific services. 	
South Dakota	<ul style="list-style-type: none"> ▪ The Statewide Assessment notes that CPS has attempted to address the largely rural nature of the state through better coordination of programs. Examples of this include the drug and alcohol treatment residential programs for unmarried pregnant mothers implemented in collaboration with the Office of Alcohol and Drug Treatment. ▪ In regard to providing efforts to keep children at home, the item was rated as a strength for 17 (63%) of the 27 applicable cases and an Area Needing Improvement for 10 (37%) of the 27 applicable cases. In 12 of the 17 cases for which this item was rated as a Strength, the rating was assigned because family service needs were assessed at the time of the report and parents were referred for a variety of services including substance abuse treatment, mental health, employment, anger management, domestic violence, housing, and public assistance services. ▪ In risk of harm to children 19 (47.5%) of the cases rated as a strength for this item, reviewers indicated that risk of harm was appropriately assessed and services were provided to parents to reduce risk. These services included anger management, substance abuse treatment, parenting classes, and mental health treatment. ▪ Three stakeholders attributed the incidence of re-entries to "quick permanencies" (e.g., no later than 12 months to reunification), particularly in situations in which parents have substance abuse and/or mental health problems. ▪ For the array of services, parents were most frequently referred for substance abuse treatment, mental health, anger management, domestic violence, employment, housing, and public assistance services ▪ Related to information system issues Two of the uses for FACIS noted by stakeholders were (1) monitoring dates for children who have been in foster care to ensure compliance with ASFA; and (2) learning more about cases, particularly the numbers of cases that involve domestic violence and substance abuse. ▪ Stakeholders and case record reviews also indicated that there are a wide variety of services available to children and families in the State. The services identified include therapeutic foster care programs and assessment, a wide range of mental health programs, substance abuse treatment programs, ▪ Two key concerns were identified in interviews with stakeholders, the second concern, raised by only two stakeholders, pertained to the scarcity of free services. Stakeholders noted that many families cannot afford the counseling and drug and alcohol treatment services that are available, and even the sliding scale fees charged are more than families can afford. ▪ Needs and services were noted as a weakness in regard to a failure to address parents' drug and alcohol issues before closing cases (3 cases). 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
Tennessee	<ul style="list-style-type: none"> ▪ In regard to the needs and services of child, parents, foster parents, the item was assigned an Area Needing Improvement. Areas of concern included (1) the adequacy of assessments, particularly with respect to identifying underlying problems such as substance abuse and sexual abuse ▪ In regard to training, the item was noted as an Area Needing Improvement because stakeholders indicated that ongoing training needs to be more comprehensive in general and strengthened in subject areas including substance abuse and cultural competency training. ▪ The primary reason for the opening of a child welfare agency case included substance abuse by parent - 4 cases (8%); substance abuse by child - 1 case (2%) ▪ Among all reasons identified for children coming to the attention of the child welfare agency substance abuse by parents was cited in 13 (26%) cases ▪ The CFSR case review process found that DCS was not consistent in providing families with adequate services to maintain children safely in their own homes and was not routinely effective in addressing the factors contributing to the risk of harm for children. Reviewers noted that (1) the agency's assessments of children's and families' service needs were not always sufficiently comprehensive to identify underlying problems in a family such as mental illness, sexual abuse, or substance abuse; ▪ In regard to services, areas of concern included (1) the adequacy of assessments, particularly with respect to identifying underlying problems such as substance abuse and sexual abuse ▪ In regard to training, it was noted as was rated as an Area Needing Improvement because stakeholders indicated that ongoing training needs to be more comprehensive in general and strengthened in subject areas including substance abuse and cultural competency training. ▪ Stakeholders suggested that the following areas represented significant service gaps: post-reunification services, preventive services, mental health services, inpatient and outpatient substance abuse treatment services, ▪ Identifying service gaps is an on-going and challenging process for DCS. Problems that DCS must address in its efforts to assist children and families include drug/alcohol use ▪ DCS coordinates with a number of agencies regarding Federal programs that serve the same population. As noted in the Statewide Assessment, there are gaps in the total service array that might be addressed by joint ventures of State departments. These gaps include drug and alcohol treatment services, educational services, and job skills training services for youth and parents. 	
Texas	<ul style="list-style-type: none"> ▪ Services that are scarce in the larger communities, such as substance abuse treatment and mental health services for children, simply do not exist in smaller 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>communities.</p> <ul style="list-style-type: none"> ▪ For the 50 cases reviewed, the primary reasons for opening a child welfare case included parental Substance Abuse in 4 cases (8%) ▪ Cases were rated as a strength in regard to preventive efforts and services provided included parenting classes, substance abuse assessment and treatment services, anger management classes, psychological assessments, assistance in accessing GED classes, housing services, counseling, and homemaking services ▪ Six cases were rated as an Area of Concern because not all of the parents' service needs were addressed (e.g., the parent was referred for parenting classes but not for substance abuse treatment, although substance abuse was clearly a problem). ▪ Many stakeholders noted barriers to maintaining children safely in their homes including a lack of services to adequately address substance abuse and mental health issues, which are prevalent problems among families receiving in-home services. ▪ The services that were most frequently offered to parents to reduce risk of harm to children were substance abuse treatment, anger management classes, and therapy. ▪ The agency did not adequately address all of the safety concerns (e.g., mother's mental health problems, domestic violence problems, and substance abuse problems) necessary to reduce the risk of harm to the children (7 cases). ▪ For the 36 cases rated as a for services reviewers determined that there were no unmet service needs for children, mothers, fathers, and foster parents, when the provision of services was possible and appropriate. Assessments of needs included physical health assessments, mental health assessments, and substance abuse assessments. ▪ In the review there were three cases in which the mother's substance abuse issues and domestic violence problems were not addressed. ▪ Stakeholders raised several concerns about the availability of services, particularly substance abuse treatment and mental health services. ▪ All stakeholders asserted that the need for mental health services, particularly mental health services for children, is great, and that the lack of substance abuse treatment services is a major impediment to addressing family safety issues and facilitating reunification. 	
Vermont	<ul style="list-style-type: none"> ▪ Throughout the State there is a serious lack of services, particularly outpatient therapy (due in part to a lack of qualified therapists who take Medicaid) and substance abuse services. ▪ There is a need for more services and the Department has been working with the Office of Drug and Alcohol programs to address some of these needs. ▪ Staff in general indicated that community services are of high quality however they identified the lack of availability of services such as substance abuse services and 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>qualified therapists as a problem.</p> <ul style="list-style-type: none"> Reviewers saw a focus on the child's behaviors, despite ongoing family issues involving parental substance abuse, domestic violence, and sexual abuse. All three sites described older youth in foster care as having more complex needs, such as behavioral problems, substance abuse issues, and/or severe mental health needs that are difficult for foster parents and group home staff to manage. On measures of youth in 2000 were shown to demonstrate more difficult behaviors and to face more serious challenges in substance abuse, more school issues, poorer parental control, etc. than in prior years. SRS is currently contracting for an additional residential substance abuse program for adolescent males. Substance abuse treatment is not sufficiently available. Recent attention has been focused on the need for substance abuse treatment, particularly for adolescents. Stakeholders reported that additional services for adolescents were needed, including supervised transitional living facilities, emergency shelters for youth picked up after business hours, foster care placement providers for youth, and substance abuse treatment for adolescent girls. Training issues found that substance abuse certification training and advanced investigative training are viewed as standouts. Service gaps were most frequently identified for mental health services, psychiatric evaluations, substance abuse treatment; residential treatment for seriously emotionally disturbed children, sex offender treatment and culturally relevant services for the growing refugee population. 	
West Virginia	<ul style="list-style-type: none"> Case reviews indicated that the key problem was the lack of consistency among caseworkers in the appropriate assessment of service needs and provision of services. In some cases, the needs assessment was not sufficiently comprehensive to capture underlying problems, such as substance abuse, domestic violence, and mental illness that may contribute to the maltreatment. In other cases, service needs were identified in the needs assessment but not provided. In contrast, stakeholders identified the key problem as a lack of availability of services and a problem in attaining approval for initiating in-home services. The CFSR found that DHHR is not consistent in its efforts to identify and address the needs of families or to involve them in case planning. Service needs of families varied widely from parenting education classes for parents to substance abuse treatment services for children and parents. However, in 46 percent of the cases, reviewers determined that the needs and services of children, parents, and/or foster parents had not been, or were not being, adequately addressed by DHHR. Areas of concern included (1) the adequacy of assessments, particularly identifying underlying problems such as substance abuse 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	<p>and domestic violence; (2) the lack of appropriate follow-up in some cases to ensure that services were delivered and were effective; (3) an inconsistency among caseworkers in assessing the needs of fathers and involving them in services; and (4) a lack of attention in some cases to the service needs of foster parents.</p> <ul style="list-style-type: none"> ▪ Stakeholders cited services that have significant gaps such as mental health and substance abuse treatment. ▪ Of the 50 case records reviewed, the primary reasons for opening the child welfare agency case included Substance abuse by parent - 5 cases (10%) ▪ Among all reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 29 (58%) cases, physical abuse was cited in 17 (34%) cases, substance abuse by parents was cited in 13 (26%) ▪ There was evidence in the cases reviewed that risk assessments were not consistently identifying underlying issues in the family, such as domestic violence or substance abuse problems. ▪ In regard to providing services so a child can stay in the home was cited as an area needing improvement. The services provided did not match the needs of the family, particularly with respect to addressing underlying issues such as domestic violence, substance abuse, and mental illness (4 cases). ▪ Services were lacking for drug screening, substance abuse treatment, and mental health treatment. ▪ The findings suggest that in their risk assessments, caseworkers are not consistently capturing the underlying issues leading to abuse/neglect, particularly issues such as domestic violence and substance abuse. Consequently, they also are not consistently recommending the most appropriate services to ensure risk reduction. ▪ A few stakeholders expressed concern, however, about the discrepancy between the time available to achieve permanency under ASFA guidelines and the time needed for parents with substance abuse problems to complete treatment and be reunified. ▪ Areas of concern included (1) the adequacy of assessments, particularly identifying underlying problems such as substance abuse and domestic violence; ▪ Stakeholders in one county noted that the agency has developed a protocol with the local hospital to ensure an appropriate and effective response to cases in which infants were exposed to drugs or alcohol in utero. However, stakeholders also reported that the risk assessment model is not used in a consistent manner across DHHR caseworkers. ▪ In regard to training issues, the core curriculum for child protective services and foster care workers includes modules focusing on topics such as sexual abuse, CPS policy, child welfare law, legal court room training, foster care policy and practice, youth services, adoption, concurrent planning, permanency, transitional living, family 	

State	Final Report on the Child and Family Service Review (CFSR)	Program Improvement Plan (PIP)
	preservation, homefinding, family centered practice, social work ethics, adolescent development, and fetal alcohol syndrome.	